

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012942  
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 265A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Louisburg Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		d. STREET ADDRESS <u>Rt 21</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES EUGENE HACKWORTH</u>		4. DATE OF DEATH Month Day Year <u>MARCH - 10 - 1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Oliver Springs, Tenn. U.S.</u>	
13a. FATHER'S NAME <u>John Hackworth</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Hackworth (Dallas)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
DUE TO (b) _____ DUE TO (c) _____		491X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic heart disease, pulmonary emphysema</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>ITEM 4 CORRECTED</u> <u>BY AFFIDAVIT of Funeral Director</u> <u>4-27-59</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>3/9/59</u> to <u>3/11/59</u> and last saw her/him alive on <u>3/11/59</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James L. Jones</u> (Degree or title)	
22b. ADDRESS <u>Springfield Mo.</u>		22c. DATE SIGNED <u>3/13/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-13-1959</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Louisburg Cen.</u>		23d. LOCATION (City, town, or county) <u>Louisburg Mo.</u>	
24. FUNERAL DIRECTOR <u>L.B. Jones</u> ADDRESS <u>Buffalo, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-59</u>	
26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Student Embalmer No. ✓ working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address. Buffalo, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.